



PATIENT

Milo Steyne

PRESENTING CLINICAL SIGNS

history of front lameness for about a year, history of vocalization when touched on back, difficult to assess pain because of patient's fractiousness. right shoulder main focus of interest

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SHOULDER JOINTS

A high resolution pre- and post-contrast CT study of the shoulder joints is provided for review.

BREED

Jack Russell Terrier

COMPUTED TOMOGRAPHIC FINDINGS

Both shoulder joints present smooth osseous margins and the surrounding soft tissue structures are within normal limits. The region of the brachial plexus bilaterally is unremarkable. Along the attachment site of the coracobrachialis muscle at the medial aspect of the right proximal humeral diaphysis, the cortex has an irregular surface – not appreciated along the left humerus.

SEX

MN

The pictured parts of the right elbow joint present mild to moderate osteophyte new bone formation of the periarticular bones. The tip of the medial coronoid process of the right elbow joint is demarcated by a fissure line.

The included parts of the trachea presents an ovoid shape in transverse section.

AGE

5

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Fragmented medial coronoid process (FCP) right elbow joint
- Degenerative osteoarthritis right elbow joint
- Suspect insertional desmopathy right coracobrachialis muscle
- Normal shoulder joints bilaterally

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degenerative osteoarthritis of the right elbow joint secondary to FCP would be a plausible source for right front limb lameness and appears as the clinically most relevant abnormality.

HOSPITAL NAME

Advanced Animal
Imaging

The irregularity along the attachment side of the right coracobrachialis muscle at the humerus can indicate desmopathy and might be a source for lameness as well. Ultrasound could be used for evaluation of the respective region.

REFERRING VET

Blair Hollowell

The shoulder joints present without abnormalities, explaining the clinical signs.

INVOICE

54817

DATE

10-26-22



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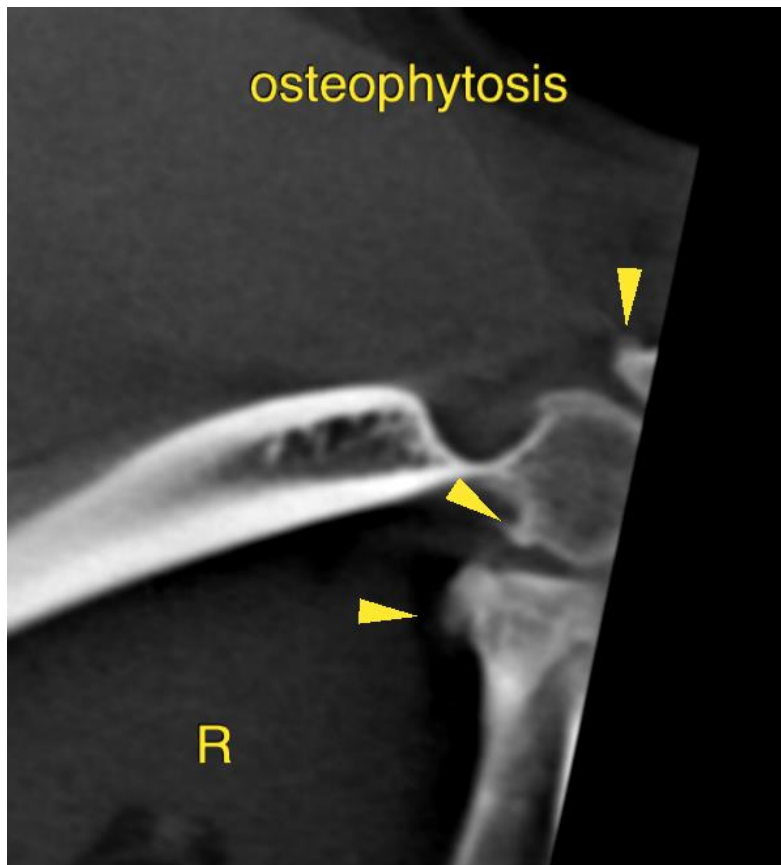
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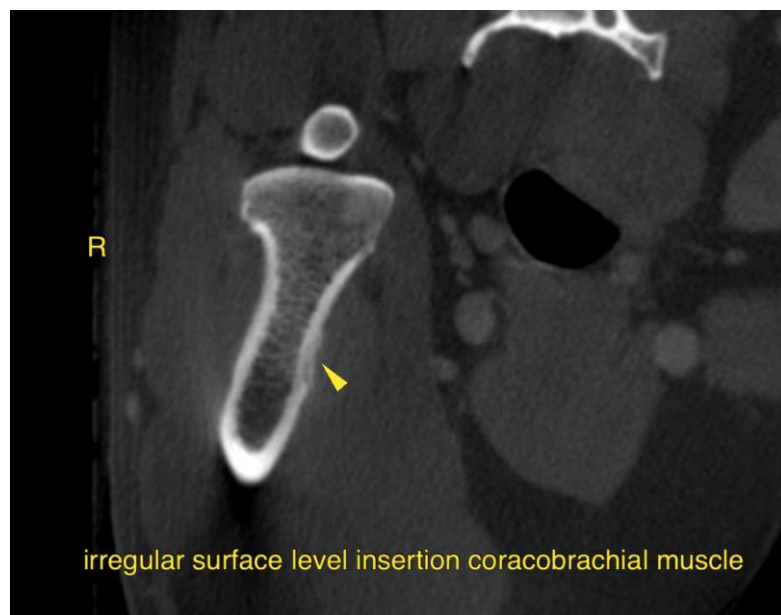
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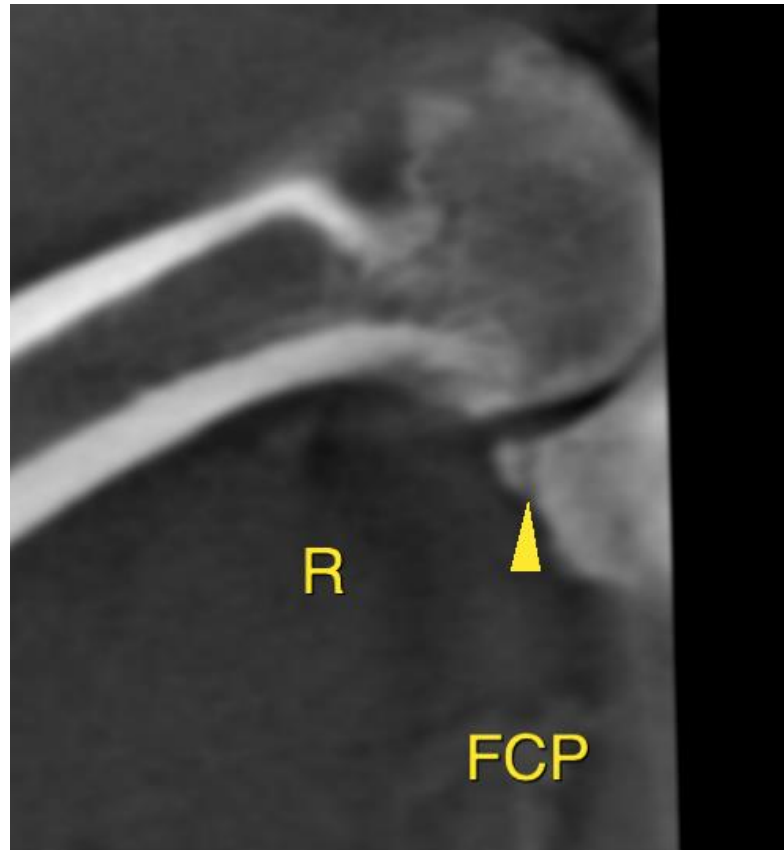
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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